

If the CAP fits

THERE HAS BEEN much anxiety raised about the rules on advertising osteopathy. How can we stay true to the broad scope of our profession whilst adhering to the CAP (Committee on Advertising Practice) code rules?

Keeping advertising in perspective

Advertising (on websites or with leaflets and press ads) represents a tiny proportion of all new business referrals. Most new patients hear about us through word of mouth or via colleagues in the NHS or complementary healthcare. It is hard to foresee a significant change in this. Also, the ASA (Advertising Standards Authority) can only ask you to withdraw your advertisement if it fails to comply. They have no other sanctions - no fines, no jail, no threat to your business. *(However, be aware that if you do not comply with the ASA's sanction, GOsC will consider disciplinary action against you for being in contravention of Clause 122 of the Code of Practice, 'All advertising must be legal, decent, honest and truthful and must conform to the current guidance such as the British Code of Advertising Practice'.)* Furthermore, we are lumped in with the whole 'health and beauty' industry - the face creams, hair restorers, diet pills, magic cure-all gadgets and the rest. By contrast, we are small fry who are rather shy about our achievements. So, let's keep this problem in perspective.

The ASA is obliged to investigate any complaint about advertising - even if only one person complains. However, numbers have no significance in their adjudications. A few years ago there was an ad for KFC that showed people singing with their mouths full. A staggering 1,671 people complained that this was rude, but the complaints were not upheld because bad manners are not in the CAP code.

However, bear in mind that a group called the Nightingale Collaboration (www.nightingale-collaboration.org), funded by Simon Singh, has been set up to 'challenge misleading claims in healthcare advertising'. They plan to focus on a different sector each month and invite volunteers to complain to the ASA about any suspect websites, leaflets, in-store promotions etc. In March it was homeopathy, but no doubt our turn will come. So far they seem happy that the GOsC is doing its best to regulate us on this issue and they remark positively on Hereford Osteopaths' 'ASA disclaimer'. They do identify some websites that they disapprove of - to see if one of them is yours, follow the link to the Skeptic Barista article on 'Osteopathy - dealing with change'. Complementary healthcare seems to be roughly as emotive as foxhunting and we know that strong passions do not make for a reasoned debate. Be aware of the other point of view but don't engage with it.

How to comply

We are told that the CAP code only allows us to mention a short list of possible conditions that we can claim to treat. This is partly down to lack of evidence and partly down to lack of complaints. CAP almost never receive complaints about osteopaths' advertising so (until very recently) they have no idea what we do. They receive many more complaints about chiropractors, so their rules are somewhat more detailed. Chiropractors seem to be more assertive in their claims and insist on using the vanity title 'Dr'. This is regarded by CAP as being misleading if they are neither PhDs nor members of the General Medical Council.

Of course we need to do more research, but currently CAP only really accepts randomised controlled trials (RCTs) as adequate evidence. This is not the place to debate the relevance of RCTs to the study of osteopathy. Suffice to say that we are unlikely to come up with much research acceptable to CAP within the next decade. What do we do in the mean time that doesn't narrow our profession and which encourages people to talk to us about health issues other than bad backs?

We at the Church Street Practice in Wiltshire have written a number of articles for our website (www.churchstreetpractice.co.uk) under the heading of 'Osteopathic Insights'. They are about a variety of conditions, including asthma, migraine, whiplash and several other subjects that supposedly we cannot mention. We used the following format:

- Description of the condition
- Medical treatment of the condition
- Osteopathic perspective
- Self-help
- Useful websites

The article on asthma was sent to the Copy Advice team at CAP, who provide a free service to check your advertising for compliance with the relevant codes. They may say anything from 'remove one word' to 'change the whole tenor of your copy'. Their reply to us suggested that if a complaint were made they probably wouldn't uphold it, because of what it says in code 12.2:

Marketers must not discourage essential treatment for conditions for which medical supervision should be sought. For example, they must not offer specific advice on, diagnosis or treatment for such conditions unless that advice, diagnosis or treatment is conducted under the supervision of a suitably qualified health professional. *Accurate and responsible general information about such conditions may, however, be offered.* (My italics).

Crucially, we were not saying that osteopathy alone can treat the condition and we were responsible in describing the condition and stating the need for medical advice. However, it does connect the idea 'asthma' with the idea 'osteopathy' so that if someone is searching the internet trying to find ways of relieving their asthma symptoms, they might be prompted to give us a call to find out more.

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Advertising Principles [Continued from page 9]

This brings us to the subject of advertising principles. In this instance we were trying to generate traffic to our site based on conditions. The target audience is largely self-selecting online, but for other media you should be thinking about who you are trying to reach and what you want them to do as a response. Objectives may include:

- Relationship building - leaflets or web pages showing photos and biographies of staff, blogs, Facebook pages, newsletters, etc.
- New services - describing and setting expectations about new offerings
- Generating direct contact - if people phone or call in, you can say what you like verbally

- Reducing the risk of complaint - information about osteopathy, what to expect at the first appointment, complaints procedure, etc
 - Raising your profile locally or in your area of special interest e.g. children, sports injuries
- None of these objectives require the mention of conditions. Isn't that more osteopathic anyway?

Our profession does an enormous amount of good in the world. If we restrict ourselves now to the CAP code list, the list will never get any longer and osteopathy will retreat into 'very minor orthopaedics'.

Mary Monro

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A few dos and don'ts about generating new business:

Do

- Generate as much word of mouth business as you can
- Talk rather than write about conditions
- Be clear about your objectives
- Use words like 'help' or 'relieve'
- Research the researchable
- Use the Copy Advice service at advice@cap.org.uk
- Sort out your website and leaflets so that they comply with the CAP code AND osteopathic principles

Don't

- Claim superiority for your version of osteopathy over another
- Over-claim - e.g. you'll be better in 3 treatments
- Claim to be an osteopath if you're not
- Use words like 'treat' or 'cure' or 'miracle'
- Claim sole treatment of medical conditions
- Use testimonials without checking with Copy Advice first

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ASA update

BOA member Mary Monro has written an article (see page 9) about her dealings with the ASA which is somewhat revelatory in that it is the first indication that we have ever had that 'disallowed' conditions can be referred to in any way. The BOA has asked for and got confirmation from our usual contact at the ASA that he agrees with the response given to Mary by another member of the CAP copy team. Please note that the only way to be sure that CAP has no issues with the wording on your website or leaflets, is to ask them directly and take their advice.

In another development, the BOA has taken part in a meeting of a 'joint working group' of representatives from various organisations including, GOSC, NCCOR, British Medical Acupuncture Association, Acupuncture Association of Chartered Physiotherapists, Physio First, British Acupuncture Council and the British Chiropractic Association.

It was agreed that we would approach ASA to meet them to discuss some key agenda issues as follows:

1. Acceptance by the ASA that the various professions can be considered as 'suitably qualified health professionals' which allows a better interpretation of code point 12.2
2. As regulated healthcare professionals we are 'code of practice' bound to work with other healthcare professionals and do not work in isolation
3. We want to be able to provide 'public information'
4. To discuss the issue of what the ASA might consider to be legitimate evidence as compared to the current stance of only random controlled trials being acceptable

We will of course continue to update our members on developments.